

UNIVERSAL HEALTH COVERAGE IN INDONESIA THROUGH IMPLEMENTATION OF KNOWLEDGE MANAGEMENT ARCHITECTURE AT SOCIAL INSURANCE ADMINISTRATION ORGANIZATION (BPJS KESEHATAN): A CASE STUDY AT DEPUTY OF WEST JAVA REGION

Maghfirah,

Hilmiana,

Wahyuddin Bagenda

ABSTRACT

BPJS Kesehatan has responsibility in administers the Indonesian national health insurance accordance with the mandate of Article 34 paragraph (2) of the 1945 Constitution that the state develops social security system for all people and empowers the weak and incapable accordance with of human dignity. BPJS Kesehatan Deputy of West Java Region is one of the work areas owned by BPJS Kesehatan which focuses on increasing the number of participants to achieve Universal Health Coverage (UHC) in 2021. The implementation of knowledge management (KM) in BPJS Kesehatan is one of the methods of managing the human resources to achieve organizational goals and generating knowledge worker. However, the data show that BPJS Kesehatan had a high level of complaints by participants through contact center 500400 in 2015 that reached 438,311 calls. This is indicate that the architecture of KM implementation in BPJS Kesehatan has not been implemented properly. The implementation of KM does not result the significant improvements to achieve the organizational goals by generate knowledge workers in the organization especially in BPJS Kesehatan Deputy of West Java Region. This study aims to analyze the existing knowledge management architecture at BPJS Kesehatan Deputy of West Java Region. K-gap matrix is also used in this research to describe the gap of knowledge on KM implementation. This paper is a case study research using data collected through structured questionnaires administered. Interviews were conducted for validating research findings. The results of this study indicate that the knowledge management architecture of BPJS Kesehatan Deputy of West Java Region is not currently implemented ideally. The several factors are: (1) KM strategy is not integrated with corporate strategy to achieve the organizational goals (UHC); (2) Role and value proposition of the KM implementation is not yet determined and directed to organizational goals (UHC), (3) The user of the KM implementation is not yet specified by mapping the user who owns the knowledge and who requires the knowledge. Based on k-gap analysis, knowledge of KM strategy has the highest k-gap that must be fulfilled.

Keywords: Knowledge Management, KM Architecture, Universal Health Coverage

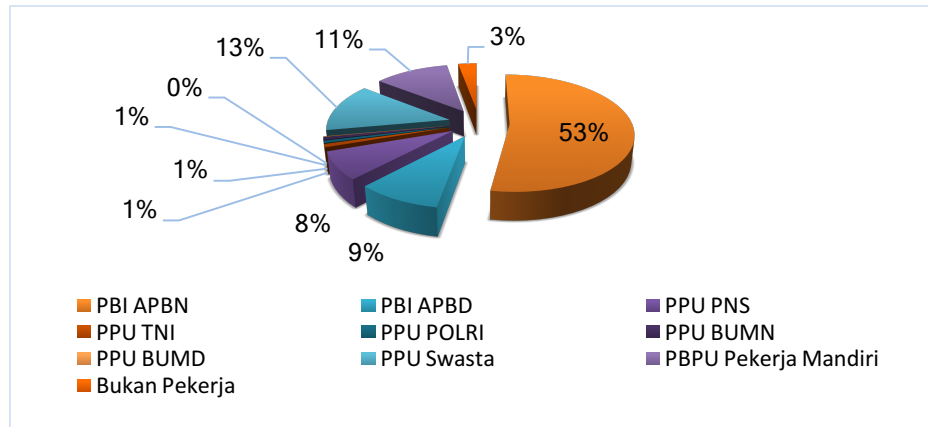
Introduction

INTRODUCTION

Knowledge is an intellectual assets of an organization. It is dynamic and valuable for building a competitive advantage for companies that can't be replicated by any competitor. The more knowledge that is owned by a company, the greater chances of the company to have a competitive advantage. Therefore, knowledge management must be developed and implemented to help companies be able to absorb the knowledge of human resources in order to improve the company continuously and to minimize the loss of knowledge of the company.

PT Askes (Persero) is a State-Owned Enterprises has responsibility to organize health insurance for the civil servant and their family members, acceptance of retired civil servants, military/police, veteran and their family members. PT Askes (Persero) is a commercial insurance with profit-oriented form. PT Askes (Persero) officially has transform into BPJS Kesehatan accordance with the mandate of 1945 Constitution and the law of the republic of Indonesia Number 24 Year 2011 concerning about Social Insurance Administration Organization state that BPJS Kesehatan is legal entity formed to administer social security programs of health for all people in order to meet the basic needs of a decent life. So from the data from the website of BPJS Kesehatan by March 1st, 2017 participants of the National Health Insurance program (JKN) consists of 174.653.763 people with the highest percentage is for the type of membership dues premium assistance beneficiaries (PBI/Penerima Bantuan Iuran) about 92.100.538 people. BPJS Kesehatan administer social security fund belongs to all the participants managed by BPJS Kesehatan as organizer of health financing in Indonesia.

Figure 1 Participants of BPJS Kesehatan



These transformation then required all employees of BPJS Kesehatan be able to continue and provide a positive performance for the achievement of the organization's vision "Realization of Health Insurance quality and sustainable for the entire population of Indonesia" and the ideals of the president "Universal Coverage" in 2019. The human resources are owned BPJS required to perform duties and responsibilities in the midst of organizational change and have the readiness to change from the lower level to the top of management. In order to support the acceleration of change in the organization, BPJS Kesehatan is committed to applying the knowledge management system.

The research results from Economic and Social Research Institute, Faculty of Economics and Business, University of Indonesia (UI FEB LPEM) which are discussed in the magazine of BPJS Kesehatan: "Kontribusi JKN-KIS 2016 Mencapai Rp. 152 Triliun: Info BPJS Kesehatan Edisi 43 Tahun 2016" shows JKN-KIS program from BPJS Kesehatan increased the life expectancy of up to 2.9 years of Indonesian society. JKN-KIS open up greater access to the public for basic health services. Furthermore, the Head of Research Group Poverty and Social Protection LPEM FEB UI says the impact JKN-KIS on the Indonesian economy is a positive and sustainable, because in the short term this program will encourage economic activity for the sectors that intersect with JKN-KIS such as health services (hospitals and health centers), the pharmaceutical industry, medical devices and non-health sectors (food and beverages) to the impact in 2016 reached Rp. 57.9 trillion.

But there were approximately 30.590 complaints of participants which is received by BPJS Kesehatan until the second quarter in 2014 at the beginning of the transformation, the number of complaints participants are basically caused by reason of the services provided by employees for administrative reasons. Based on statistics BPJS Kesehatan, the increasing complaints that informed through the contact center 500400 in 2014 reached 483.215 calls and 2015 about 438.311 calls. These can be affect the achievement of the target participant satisfaction index in 2019 is expected to reach 85 percent. The survey of participants satisfaction index show that index of participants satisfaction from the administration especially at each branch office has the lowest index is equal to 77,8 percent.

BPJS Kesehatan Deputy of West Java Region is one of the working area owned by BPJS Kesehatan that focuses on improving the coverage and increase the satisfaction of the participants to achieve the target of Universal Health Coverage (UHC) in 2017 in helping achieve the UHC of BPJS Kesehatan overall in 2021. In addition, BPJS Kesehatan required to achieve three targets of UHC in 2021 through the expansion of the coverage and increase participant satisfaction, efficiency and financial sustainability. Thus, in 2017 BPJS Kesehatan Deputy of West Java Region focuses on achieving an increase in membership and increased satisfaction of participants to help BPJS Kesehatan as a whole to reach its target in 2021 and can be used as a pilot project for other work areas. The target is closely associated with increased quality of services the participants in administrative.

KM is basically already implemented in BPJS Kesehatan with the aims to produced knowledge workers in organization. The company that has the knowledge worker can provide the best service to its customers by knowing the problems faced by customers and offer solutions that effectively and proactively determine customer needs because all the data is presented in the customer knowledge base managed company with knowledge management principles. However, the number of complaints is still a threats in achieving the target of BPJS Kesehatan, so that the architecture for the implementation of knowledge management in BPJS Kesehatan Deputy of West Region need to be evaluated: the extent to which its implementation in helping organizations achieve organizational goals with criteria of analysis: alignment between KM strategy and organizational strategy, the determination of role and value proposition, operation models, and architecture operation. This analysis is also expected to help BPJS Kesehatan Deputy of West Java Region to obtain managerial implications that can help an organization enhance its knowledge management architecture and achieve organizational goals together.

LITERATURE REVIEW

Knowledge is the question posed by the curiosity that exist in every human being, which is epistemology that every knowledge have the nature of a contradiction in man, because only the man himself knows that he does not know is also well aware that he knew (Hardiansyah, 2013). According to Russel Ackoff (Lumbantobing, 2016) the content or the content of his intellectual and human mentality can be classified into five categories, namely the data (in the form of symbols), information (data that is processed in order to be utilized; information to answer the question of "who", "what", "where" and "when"), knowledge (application of data and information, and answer the question "how"), understanding (appreciate the question "why") and

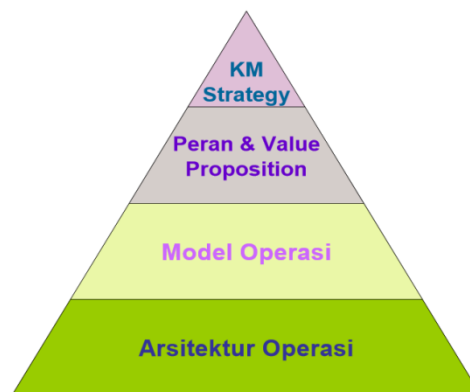
wisdom (evaluation of understanding). In general there are two kinds of knowledge, the tacit and explicit knowledge. Tacit knowledge is knowledge that is stored and resides in one's mind, while explicit knowledge is contained in the human mind that has been poured into documents or other forms of storage. Both types of knowledge are the result of interactions or innovation. This type of knowledge is then used in the functioning of the organization and contribute to the achievement of these goals. Both tacit and explicit knowledge enables organizations to be able to respond to situations and new challenges that arise when such knowledge is managed well by the organization.

Rahimi (2015) defines knowledge management as part needed to carry out an activity on a company's management can resolve the problem by creating or capturing new knowledge. According to Amrit Tiwana (Lumbantobing, 2016) enterprise knowledge management implemented in order to create business value and generate sustainable competitive advantage by optimizing the process of creating, communicating, and applying all the knowledge needed in order to achieve business goals. There are several important factors in the implementation of knowledge management (Lumbantobing, 2016), namely: People, Leadership, Technology, Organization, Learning. Companies can create knowledge within the organization.

According Lumbantobing (2016) knowledge management architecture is defined as a description of the components and capabilities as well as connection or interrelationship between components in the realization of knowledge management in the company to gains the benefit. The purpose of the architecture of knowledge management is to provide the framework and foundation for the development and operation of the implementation of knowledge management initiatives. There are four elements in knowledge management architecture.

**Figure 2 Four Basic Elements of KM Architecture
Adapted From Lumbantobing (2016)**

1. KM strategy



KM strategy is a translation of the company's business strategy in which formulated the vision, mission and strategic objective of processing knowledge within the company that basically should support the vision, mission, and objectives of the company. The next stage is to identify steps to be applied in terms of knowledge management in support of the implementation of business strategies and the achievement of the objective of corporate strategy.

2. The role and value proposition

In the implementation of knowledge management, the determination of the role and value for a certain period must be done in order to control expectations arise that varies from various parties, confusion, and a burden too great for managing knowledge. It can also be more focus on the stages in the implementation of KM by the company and can evaluate them.

3. Operation Model

Operation model of KM implementation can be designed if the company had conducted an analysis of the condition of availability of knowledge of the company. If the list of existing knowledge in a knowledge gap analysis results is too long, then it should be done based on priority phasing fulfillment.

4. Operation Architecture

Operation architecture consists of three sub-components: process, organization and technology.

Another study titled Knowledge Management Architecture: Building Blocks and Their Relationships by Supyuenyong, Vrintorn and Islam, Nazrul (2007) defines that knowledge management architecture consist of four element namely: knowledge components, knowledge management process, information technology (IT), and organization aspects. KM architecture presents a holistic approach to knowledge management by incorporating various model and propositions within the knowledge discourse.

According Setiarso, et al (2016) analysis of the Knowledge Gap on the company can be done by distributing questionnaires to employees. The data is processed by calculating the average level of mastery of the knowledge required by employees. The formula calculation of interest for any knowledge that is required is as follows:

$$NK_i = \frac{(K_1 \times 1) + (K_2 \times 2) + (K_3 \times 3) + (K_4 \times 4)}{R}$$

Where:

- NKI = The interest towards knowledge i

- K1 = Number of respondents answer "A"
- K2 = Number of respondents answer "B"
- K3 = Number of respondents answer "C"
- K4 = Number of respondents answer "D"
- R = Total respondents

Value calculation formula mastery of knowledge needed for each are as follows:

$$NP_i = \frac{(P_1 \times 1) + (P_2 \times 2) + (P_3 \times 3) + (P_4 \times 4)}{R}$$

Where:

- NPI = The mastery of the knowledge i
- P1 = Number of respondents answer "A"
- P2 = Number of respondents answer "B"
- P3 = Number of respondents answer "C"
- P4 = Number of respondents answer "D"
- R = Total respondents

The results of calculations using the formula above, can demonstrate the knowledge gap between the level of interest and the level of mastery. Wherein, the level of interest expressed how important the knowledge required by employees to carry out its duties and functions. While the level of mastery stating how much mastery of employees contained in an area of the knowledge required. This gap will then indicate the direction of improvement / development should be done so that the knowledge gap no longer exists. Knowledge gap value will be obtained from the difference between the rate of interest and the level of mastery.

RESEARCH METHODS

This paper is a case study research using data collected through structured questionnaires administered. Interviews were conducted for validating research findings. Where, this research is trying to find meaning, to investigate the process and gain a deep insight and understanding how the knowledge management architecture of BPJS Kesehatan Deputy of West Java Region help the organization to achieve the organizational goals. This study is using descriptive qualitative for data analysis

To be able to analysis the KM architecture of BPJS Kesehatan, this research using data collected through structured questionnaires administered. Interviews were conducted for validating research findings. Questionnaires were distributing to 72 respondents from several units in BPJS Kesehatan Deputy of West Java Region, namely: HR & General Unit; Legal, Political Communication, and Compliance Unit; Finance Administrator Unit; Participant Management and Quality Control Unit; Management of Primary Care Providers Unit (MPKP/Manajemen Pelayanan Kesehatan Primer); Management of Hospitals Providers Unit (MPKR/ Manajemen Pelayanan Kesehatan Rujukan); Marketing and Enterprises Unit; and IT Help Desk.

This study using a purposive sampling techniques in distributing questionnaires where in the sampling of this study set based on the following criteria: Employee from BPJS Kesehatan in West Java working area and have a minimum two years of service. This research also enrich with interview process to for validating research findings. The interviewee of this research are set based on the following criteria: Employee from BPJS Kesehatan in West Java working area and have a minimum five years of service.

This interview was conducted to obtain data in more depth with regard to the existing KM architecture at BPJS Kesehatan Deputy of West Java Region, confirmed the results of questionnaires, and also to test the credibility of the data using different data collection techniques. The results of the interviews were conducted to help researchers provide recommendations for KM architecture improvement in accordance with the needs of the organization in order to achieve the Company's strategy.

RESULTS AND DISCUSSION

Table 1 Corporate Strategy Analysis

No.	Question	Weight	Score
1	Organizational strategies and objectives are always documented and socialized to all employees	13,2%	3,14
2	Organizational strategies and objectives are clearly defined so that employees understand how to achieve the organization's objectives through its work unit and itself	13,2%	3,22
3	Organizational strategies and objectives are written clearly and can be viewed easily by employees because it is placed in one corner of the office	13,2%	3,01
4	Organizational strategies and objectives are easy to remember because they are attached to employees (e.g. as an emblem in employee uniform, etc.)	13,2%	3,25
5	Organizational strategies and objectives are routinely evaluated for objective achievement of the organization	13,2%	3,18
6	Organization has clearly identified the knowledge and skill that employees must have and need to execute the strategy	34%	2,97
The average scores		100%	3,10

Based on Table 1 shows BPJS had an average score of 3.10 out of 4 for corporate strategy analysis. This indicates that BPJS Kesehatan Deputy of West Java Region already have a good corporate strategy and organization ensure that employees have a clear understanding about company's strategy. Based on the results above the average score can be concluded that the strategy and objectives of the organization already spelled out clearly so that employees understand how to achieve the objectives of the

organization through their unit and him/herself. In addition to the strategies and objectives of organizations, BPJS Kesehatan Deputy of West Java Region easily remembered by employees as strategically placed on the employee uniform emblem, documented in the corner of the office, and sung as a hymn and yells in the morning every day. This shows that the organization has been working up to bring the strategy and objective organization with employee activity each day to remind and motivate in achieving short-term and long-term goals as well as the importance of the contribution of every employee in achieving that goal.

The organization has managed to implement the company's strategy as well, but the company strategy has not been implemented ideally. Because, BPJS Kesehatan Deputy of west Java Region has not yet integrated the strategy between KM strategy and company strategy through identify the needs of knowledge and skills clearly that should be owned by the company to execute a strategy. The results of questionnaire distributed to employees obtain the lowest scores about 2.97. It is clearly explain that implementation of KM in BPJS Kesehatan Deputy of West Java Region has run separately and are not aligned with company strategy, so that the knowledge generated from knowledge management activities in BPJS Kesehatan still questionable whether it can contribute to help the organization achieve its goals.

Table 2 KM Strategy Analysis

No.	Question	Weight	Score
7	Strategy and objective of KM implementation is documented and socialized to all employees	5,7%	2,28
8	KM's strategy and objectives are clearly defined so that employees understand how to achieve the organization's objectives through good implementation of KM	5,7%	2,28
9	KM's strategy and objectives are clearly written and can be viewed easily by employees as they are placed in one corner of the office	5,7%	2,28
10	Strategy and objective KM is easy to remember because it is attached to the employee (e.g. as an emblem in employee uniform emblem, etc.)	5,7%	2,25
11	KM objectives and strategy routinely evaluated to determine their alignment with organizational strategy	5,7%	2,36
12	KM Strategy has been aligned in supporting the implementation of business strategy and achievement for objectives of organization	15%	2,44
13	KM Strategy has been integrated in the process of preparing the company's strategy	15%	2,51
14	KM implementation has supported the success of corporate strategy	15%	2,47
15	Availability of knowledge in organization has been effective and enough for employee needs in completing tasks and responsibilities in the office	5,7%	2,50
16	Availability of knowledge is efficient because it is in accordance with strategic interests and utilization by employees	15%	2,51
17	KM Strategy managed to make the gap of knowledge decrease in BPJS Kesehatan	5,7%	2,63
The average scores		100%	2,44

Overall, KM strategy analysis showed an average score of 2.44 compared to the low of the entire sub-analysis component architecture. KM strategy in BPJS Kesehatan Deputy of West Java Region generally through three stages: strategy formulation, socialization the strategy, and evaluation the strategy. The third phase of this implementation is the lowest in the socialization phase. Every employee at the branch office in particular executive or staff was not socialized with regard to strategy and general objective KM. Employees do not know why the knowledge management needs to be implemented. Shown with the lowest score for the statement " Strategy and objective KM is easy to remember because it is attached to the employee (e.g. as an emblem in employee uniform emblem, etc.)" with a score of 2.25 and a statement of " Strategy and objective of KM implementation is documented and socialized to all employees, KM's strategy and objectives are clearly defined so that employees understand how to achieve the organization's objectives through good implementation of KM, KM's strategy and objectives are clearly written and can be viewed easily by employees as they are placed in one corner of the office." with a score of each statement is 2.28.

In fact, authority and responsibility for the command of KM implementation in BPJS given to one person who served as KM Agent at each branch office. KM Agent must ensure that all these stages take place. However, routines are high and overlapping obligations between the employee and the basic tasks as KM Agent cause this implementation to be blocked. The average implementation of KM at the branch office investigated just focus on the task of ensuring all employees to implement knowledge sharing. The results of calculation of the distribution of the questionnaire KM strategy analysis and average scores can be seen in Table 2 below.

Table 3 Role and Value Proposition Analysis

No.	Question	Weight	Score
18	The role and value of KM implementation are documented and socialized to all employees	8,33%	2,32
19	The role and value of KM implementation is set for a certain time period so employee expectation does not vary over the implementation of KM	8,33%	2,35
20	The stages of KM implementation in organization are clearly illustrated and can be evaluated	8,33%	2,44
21	Implementation of KM in organization successfully directs to manage knowledge as a product for easy reuse by employees	8,33%	2,61
22	Implementation of KM in organization has successfully brought together knowledge of	33,3%	3,25

No.	Question	Weight	Score
	the owner (knowledge producer) and people who need knowledge (knowledge consumer)		
23	The benefits of KM have been deeply felt in helping employee in implementing company work program.	33,3%	3,32
The average scores		100%	3,00

The role and value proposition to the KM architecture aims to limit the employee's expectations for the implementation of KM. This expectation is the value and role that will result from the implementation of knowledge management in a certain period. This element has a weight of 3.00 as can be seen in Table 3 below. This means that the implementation of elements of the role and value proposition is good enough. In fact, the implementation of these elements not yet ideal because the average respondents gave low enough votes for the statement, that " The role and value of KM implementation are documented and socialized to all employees" with a score of 2.32. It is also an impact on employee expectations be varied on implementation of KM. These various expectations in the short term could make the user feel the implementation of KM does not produce what they want and in the long term create a KM implementation did not have a significant benefit. KM implementation is also deemed not direct employees to be able to manage knowledge as a product and can be reused by the employee.

Table 4 Operation Model Analysis

No.	Question	Weight	Score
24	Fulfillment of knowledge in organization is done gradually based on priority scale	5,61%	2,74
25	Units/employees that have knowledge and who need knowledge are clearly identified	22,1%	2,90
26	Delivery methods that used to supply the knowledge in organization are the best methods (e.g. training, inviting experts, benchmarking to other companies, FGD and CoP)	22,1%	3,06
27	BPJS Kesehatan Deputy of West Java Region has Focus Group Discussion (FGD) and Community Practices (CoP) so that companies can independently know the knowledge required by employees	5,61%	3,01
28	It is important to have Focus Group Discussion (FGD) and Community Practices (CoP) so that the company can independently know the required knowledge by employees	5,61%	3,10
29	Benchmarking to other companies has been done to meet the knowledge needed by the organization	5,61%	2,68
30	Benchmarking to other companies is important to be done by BPJS Health to meet the knowledge required by the organization	5,61%	2,89
31	The system used by organization to distribute and store the knowledge is the best system so that the required knowledge is easy to access	22,1%	3,13
32	Intranet, internet, application knowledge database, circular, bulletin board, and training at BPJS Kesehatan help employees in getting information and knowledge in order to complete the task and responsibility	5,61%	3,33
The average scores		100%	3,00

Implementation of components KM operating model on BPJS Kesehatan Deputy of West Java Region is good enough, but not ideally realized. If seen from the highest average score is 3.33, BPJS Kesehatan already has a method of delivery knowledge that respondents are very helpful to assist employees in obtaining information and knowledge in order to solve their tasks and responsibilities such as intranet, internet, circular, bulletin board, and training. In addition, the system that used by BPJS Kesehatan to store and distribute the knowledge is good enough, because the activities in this organization is fully supported by information systems and technology so that the required knowledge easy to access. BPJS Kesehatan also routinely conducts Focus Group Discussion (FGD) in internal between branch offices under the Deputy of West Java Region through video conference or face to face to jointly find solutions through knowledge sharing between lines.

On the other hand, this implementation is still lacking on the effective identification of knowledge that has not been done to map units or personnel who need the knowledge and the units or personnel who have knowledge. Activities shared knowledge is usually only done on schedule and obligations of the unit. Besides benchmarking is still less done to meet the knowledge outside the organization. The results of the analysis of the operating model BPJS existing KM can be seen in table 4 below.

Table 5 Operation Architecture Analysis

No.	Question	Weight	Score
33	Leaders play a role in KM implementation in ensuring KM is done in the organization	6,4%	2,97
34	The role of the leader is felt to be very influential in the implementation of KM in ensuring the KM is done in the organization	17%	2,97
35	Organizational culture is felt to have a very instrumental in motivating employees in implementing KM in BPJS Kesehatan	17%	3,24
36	BPJS Kesehatan has implemented a reward system for employees who are active in KM implementation and include it into performance appraisal point	17%	2,99
37	Reward system and integration in performance appraisal are very important in motivating employees to be active on KM implementation	6,4%	3,11

No.	Question	Weight	Score
38	KM operation is better implemented in virtual than face to face	6,4%	2,68
39	Information systems and technology play a role in the operation of KM more quickly and precisely	6,4%	3,25
40	Information systems and technology in BPJS Kesehatan has been very supportive in the implementation of KM	17%	3,14
41	Employees are qualified to operate information systems and technology that developed by the organization for KM implementation	6,4%	2,56
The average scores		100%	3,03

Operating architecture is divided into three sub components: organization, processes, and technology. BPJS Kesehatan Deputy of West Java Region already has a good culture of knowledge sharing with a score of 3.24. Organizational culture in BPJS Kesehatan is already very conducive and has motivated employees to actively share their knowledge. In addition, organization has also implemented a reward system for employees who are active in KM implementation and include it into performance appraisal points.

In the Sub-component technology, BPJS Kesehatan Deputy of West Java Region currently focus on the development of information systems and technology. As evidenced by the presence of 109 applications developed with the aim to support the activities of employees in achieving organizational goals that can increase participant satisfaction index with the completion of the work more quickly and accurately. BPJS Kesehatan application architecture consists of an access channel, external links, multi-dimensional analysis and business operation. Thus, with a score of 3.14 respondents felt that information systems and technology in organization has been supporting the implementation of KM and KM was instrumental in the operation quickly and accurately. But in terms of sub-components of the process, apparently not enough qualified employees to operate information systems and develop technology in the organization for the implementation of KM.

1. Existing KM Architecture (Corporate Analysis)

Overall, KM in BPJS Kesehatan Deputy of West Java Region has been implemented but not yet ideally. In this study the ideal definition will be obtained when the average results of questionnaires respondents generate with score 4. The ideal implementation will occur if the company is able to integrate the KM strategy and corporate strategy.

Some factors that cause the KM architecture has not been implemented ideally, namely:

- The KM strategy has not been integrated with the company's strategy, so KM implementation is not oriented towards the goals of UHC BPJS Kesehatan in 2021 through three main points: expansion of membership and increase of participant satisfaction index, efficiency, and financial sustainability.
- Implementation of KM has not been directed to the achievement of these goals so that knowledge management in BPJS Kesehatan Deputy of West Java Region has not had value and its role in organization especially that can be felt by employees directly for example in improving the ability of employees in the completion of tasks and routines problems in office more quick and precise. This can actually motivate employees to implement KM properly if the implementation of KM has a clear and defined value and role within a certain period of time.

All activities that exist in the organization basically relate to aspects of people, processes, and tools, where people are employees who are assets of knowledge for the organization, as well as in BPJS Kesehatan Deputy of West Java Region. Employees are required to have the knowledge and competence to be able to assist the organization in achieving its objectives, so that KM implementation is presented to be able to meet it. However, the identification of knowledge has not been done in BPJS Kesehatan Deputy of West Java Region to map the units or personnel that require knowledge and units or personnel who have knowledge so that knowledge management activities have not been directed.

From the side of the process related to Working Instruction (WI), BPJS Kesehatan Deputy of West Java Region has not reached the stage of simplification, integration, and automation of WI which is still so much and long, so through the creation of product or codification of knowledge. So that the aspect of technology tools that have been developed have not been identified whether it is support for process improvement in the expected direction.

2. Knowledge Gap Analysis

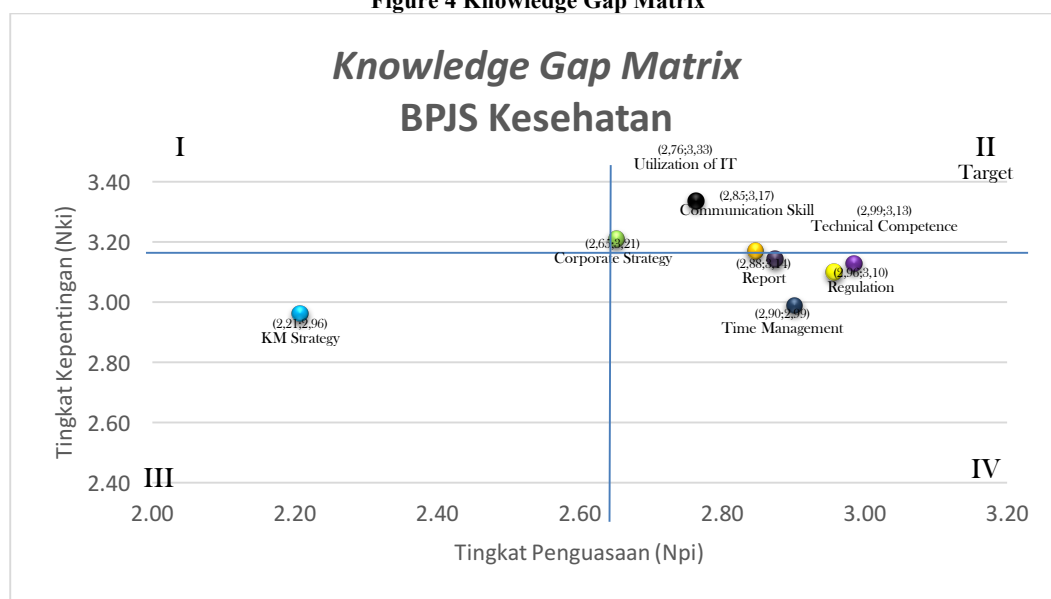
Table 6 K-Gap Analysis

No.	Knowledge	NKi	NPi	K-Gap	K-Gap Rating
				NKi-NPi	
1	Technical competence	3,13	2,99	0,14	6
2	Communication Skill	3,17	2,85	0,32	4
3	Regulation	3,10	2,96	0,14	6
4	Time Management	2,99	2,90	0,08	7
5	Utilization of information system and technology	3,33	2,76	0,57	2
6	Report	3,14	2,88	0,26	5
7	Strategy and objective of organization	3,21	2,65	0,56	3
8	KM strategy	2,96	2,21	0,75	1
Average		3,13	2,77		

From the results of questionnaires as shown in Table 4.6 below, average values obtained NKI by 3.13 and the NPI was 2.77 with highest k-gap of 0.75 and 0.57 respectively located at KM strategy knowledge and the knowledge of information systems and technology. This indicates that this knowledge has a lower level of mastery with a high degree of importance so that BPJS Kesehatan Deputy of West Java Region should make improvements to the availability of this knowledge to all employees. Meanwhile, for the lowest k-gap is the knowledge of technical competence and knowledge of regulation with k-gap value 0.14. This is because the technical competence and knowledge of regulation has become a major focus BPJS Kesehatan Deputy of West Java Region in implementing KM. These knowledge is a key knowledge for the basic tasks and responsibilities of an employee can at least be accomplished.

To know the position of every knowledge more clearly, the researchers present the results of these calculations into matrix which is divided into four quadrants. The point of intersection of this matrix is formed from the average NKI and NPI (2.77; 3.13) obtained from the calculation of the questionnaire. Figure 4.8 shows the following can be concluded that all types of knowledge provided by BPJS Kesehatan Deputy of West Java Region in order to meet the knowledge by employees were heading to the quadrant II (target) except for the type of knowledge KM strategy that is still away from quadrant II. The result of this gap analysis supports the results of the analysis architecture that obtain the lowest value for KM strategy implementation. It can be concluded that the implementation of KM architecture at BPJS Kesehatan Deputy of West Java Region is only focused on the implementation through good models and operation, but did not make the formulation and dissemination of a KM strategy.

Figure 4 Knowledge Gap Matrix



Information:

Intersection-axis (X, Y) = 2.77, 3.13

CONCLUSIONS

Based on the results and discussion of research that has been outlined in chapter IV above indicate that knowledge management in BPJS Kesehatan Deputy of West Java Region has not been implemented ideally. That was BPJS Kesehatan Deputy of West Java Region can't reach the target of Universal Health Coverage in 2016 through KM implementation. From the analysis of corporate, the weakest attribute which is still far from the criteria is KM strategy attribute. Some of the points that caused KM architecture in BPJS Kesehatan Deputy of West Java Region still not yet implemented ideally are: **(a) Corporate Strategy:** The KM strategy has not been integrated with the company's strategy through the determination and formulation of KM strategy based on the target of UHC BPJS Kesehatan in 2021. **(b) KM strategy:** There is no socialization of strategy and objective KM to the employees. In general, employees do not know why knowledge management needs to be implemented. The absence of a clear and detailed description of how to achieve organizational goals through the implementation of KM. **(c) Role dan Value Proposition:** there is no inclusion of the role and the value of the KM implementation, so that the implementation of KM becomes undirected and has no value and benefits that can be felt by employees. Knowledge management activities in BPJS Kesehatan Deputy of West Java Region not yet produce new products that can help the company solve problems in work environment. **(d) Operation Model:** Identification of knowledge that has not been effectively carried out to map units / personnel who need the knowledge and the units / personnel who have knowledge. So that knowledge management activities have not been directed to produce knowledge that is actually required by the user. **(e) Operation Architecture:** there are employees which is not qualified to use information systems and technology developed by organization in the effort of better KM implementation. Based on the average value of NKI and NPI were respectively 3.13 and 2.77 is obtained the highest k-gap 0,75 for knowledge KM strategy. The result of this gap analysis supports the results of the analysis architecture that obtain the lowest value for KM strategy implementation.

RECOMMENDATION

BPJS Kesehatan is a government institution that currently implement knowledge management, but architecture analysis show that these implementation is not yet ideal. There are several suggestions that researchers provide based on the findings of research that should be done by BPJS Kesehatan Deputy of West Java Region as a suggestion for improvement of KM implementation in the future. (1) BPJS Kesehatan Deputy of West Java Region should make some improvements in its implementation of knowledge management: (a) Organization should focus to integrate the KM strategy to corporate strategy through formulating KM strategy to be achieved at certain period of time and determine the measurable benefits of KM implementation on achieving organizational goals. This can be done by formulating KM toward the achievement of organizational target in the year 2021 that is Universal Health Coverage (UHC) through expansion of membership and increasing of participant satisfaction, Efficiency, and financial sustainability. The three factors of achieving UHC targets are then used as the basis for formulating KM strategies, formulating knowledge needs within the organization that must be met through KM implementation, and designing the operational implementation model of knowledge management in BPJS Health that leads to the achievement of organizational goals. In addition, the role of the leader or upper line management is needed through its commitment by optimizing the role of Change Management Action Team (CMAT) to ensure that KM runs on the path expected by the organization. (b) Organization should focus to socialize the KM strategy and objectives to all employees, so that employees know why knowledge management needs to be implemented and it can bring employees awareness to implement KM well. This can be done by clearly describing KM strategies and objectives to employees so that employees understand how to achieve the organization's objectives through KM implementation well and visualize the KM's strategy and objectives into writing such as emblems on employee uniforms or brief explanations in one corner office so that it can be seen by employees easily. (c) Set the roles and values to be achieved by BPJS Kesehatan from the implementation of KM within a certain period of time. The determination of these roles and values will impact the focus of organizational and employee expectations on KM implementation. In addition, employees become motivated in implementing KM in their organizations because of the benefits they derive from the implementation of KM with the easier completion of tasks and responsibilities and easy to find solutions to problems that occur in office routines and can be disseminated to all employees. This can be obtained by directing employees to manage knowledge as a product to be reusable by employees. The product can be a working instruction (WI) that has been simplification, integrated, and automated. Products can also be data presented in the company's customer knowledge base that is managed by knowledge management principles. This product is obtained from issues discussed, recorded and archived so that tacit knowledge can be converted into explicit knowledge and ultimately knowledge can be codified for reuse. The making of such products in an effort to achieve the value of KM that can be perceived directly by employees such as reducing Service Level Agreement (SLA) upon the completion of one task that will affect the total time of completion of the task. The determination of KM roles and values must also be tailored to the achievement of the organization's strategy. In addition, the role and value of KM implementation must be documented and socialized to all employees. Identifying knowledge needed by the organization in achieving the objectives of the organization by mapping the units or personnel who need the knowledge and the units or personnel who have knowledge. BPJS Kesehatan Deputy of West Java Region should strive to improve the competence of employees in the operation of information systems and technology that created the organization for KM implementation through training. (2) BPJS Kesehatan Deputy of West Java Region should focus on meeting the knowledge that has a high gap, especially in the knowledge of KM strategy through socialization and visualize strategy and objective KM also optimize the role of Change Management Action Team (CMAT) as a unit that is directly responsible for the implementation of KM implementation well in BPJS Kesehatan, The fulfillment of this Knowledge will help BPJS Kesehatan Deputy of West Java Region in improvements the knowledge management architecture in the organization.

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AUTHOR PROFILE



Maghfirah received the S.M.B degree in Business Management of Telecommunication and Information from Telkom Economics and Business School, Telkom University on April 2014 and M.M degree in Master of Management program from Padjadjaran University on February 2018.



Hilmiana is a lecturer of Human Resource Management and Organizational Behaviour in faculty of Economics and Business, Padjadjaran University. She received Bachelor of Management from Padjadjaran University; Master of Business Administration in Wollongong University, Australia; and a doctorate in 2009.



Wahyuddin Bagenda is the Member of Supervisory Board of BPJS Kesehatan from 2014 to 2016, IT Director of BPJS Kesehatan from 2016, February 23 and a faculty member of Padjadjaran University as a lecturer of Strategic Management.